



RECEIVED
MAR 29 2012

Please type or print in ink.

NAME OF FILER (LAST) Ovitt (FIRST) Gary (MIDDLE)
BOARD OF SUPERVISORS

1. Office, Agency, or Court

Agency Name

County of San Bernardino

Division, Board, Department, District, if applicable

Board of Supervisors

Your Position

Supervisor, Fourth District

► If filing for multiple positions, list below or on an attachment.

Agency: See Attached

Position:

2. Jurisdiction of Office (Check at least one box)

☐ State

☒ Multi-County Riverside, LA, Orange, Ventura, Imperial

☐ City of

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☒ County of San Bernardino

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

-or-

The period covered is / / through December 31, 2011.

☐ Assuming Office: Date assumed / /

☐ Candidate: Election Year Office sought, if different than Part 1:

☐ Leaving Office: Date Left / / (Check one)

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ The period covered is / / through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 9

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/27/12
(month, day, year)

Signature

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Gary C. Ovitt</u>

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

County of San Bernardino

ADDRESS (Business Address Acceptable)

385 No. Arrowhead Ave, San Bernardino, CA 92415

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

Board of Supervisors

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

CalSTRS

ADDRESS (Business Address Acceptable)

P.O. Box 15275, Sacramento, CA 95851

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

Retirement

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____ % ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address

_____ City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Gary C. Ovitt</u>

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

San Bernardino Transportation Authority

ADDRESS (Business Address Acceptable)

1170 W. 3rd. St., San Bernardino, CA 92410

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

Board Member

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☒ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

SCAG

ADDRESS (Business Address Acceptable)

818 W. 7th St., Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

Regional Council Member

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☒ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

- ☐ None ☐ Personal residence

☐ Real Property _____
Street address

City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Gary C. Ovitt

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Inland Empire Health Plan</u>	NAME OF SOURCE OF INCOME <u>Omnitrans</u>
ADDRESS (Business Address Acceptable) <u>P.O. Box 19026, San Bernardino, CA 92423</u>	ADDRESS (Business Address Acceptable) <u>1700 W. 5th St., San Bernardino, CA 92411</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____	BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
YOUR BUSINESS POSITION <u>Board Member</u>	YOUR BUSINESS POSITION <u>Board Member</u>
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____ ADDRESS (Business Address Acceptable) _____ BUSINESS ACTIVITY, IF ANY, OF LENDER _____ HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	INTEREST RATE _____% <input type="checkbox"/> None SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ Street address _____ City <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ (Describe)
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Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name Gary C. Ovitt

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

NAME OF LENDER*

INTEREST RATE

TERM (Months/Years)

ADDRESS (Business Address Acceptable)

_____ % ☐ None

BUSINESS ACTIVITY, IF ANY, OF LENDER

SECURITY FOR LOAN

☐ None ☐ Personal residence

HIGHEST BALANCE DURING REPORTING PERIOD

☐ Real Property _____
Street address

City

☐ Guarantor

☐ Other _____ (Describe)

Comments:

SCHEDULE D Income – Gifts

Name

Gary C. Ovitt

► NAME OF SOURCE
Care Ambulance Service, Inc.

ADDRESS (Business Address Acceptable)
1517 W. Braden Ct., Orange, CA 92868

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Ambulance service

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 04 / 11</u>	<u>\$ 40.00</u>	<u>Banquet ticket</u>
<u>06 / 03 / 11</u>	<u>\$ 70.00</u>	<u>Baseball ticket</u>
<u> / / </u>	<u>\$</u>	<u></u>

► NAME OF SOURCE
Potomac Partners

ADDRESS (Business Address Acceptable)
210 D St., SE, Washington DC 20003

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Lobbyist

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 07 / 11</u>	<u>\$ 60.00</u>	<u>Dinner</u>
<u>03 / 08 / 11</u>	<u>\$ 30.00</u>	<u>Lunch</u>
<u> / / </u>	<u>\$</u>	<u></u>

► NAME OF SOURCE
G. Michael Milhiser

ADDRESS (Business Address Acceptable)
11225 Carriage Ave., Montclair, CA 91763

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Businessman/Friend

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 07 / 11</u>	<u>\$ 50.00</u>	<u>Banquet ticket</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

► NAME OF SOURCE
Chaffey College Trust

ADDRESS (Business Address Acceptable)
211 W. 5th St., Ontario, CA 91762

BUSINESS ACTIVITY, IF ANY, OF SOURCE
School Administration

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 21 / 11</u>	<u>\$ 45.00</u>	<u>Banquet ticket</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

► NAME OF SOURCE
Associated Chaffey Teachers

ADDRESS (Business Address Acceptable)
337 No. Vineyard Ave., Ste. 245, Ontario, CA 91764

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Teachers' Union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 06 / 11</u>	<u>\$ 40.00</u>	<u>Banquet ticket</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

► NAME OF SOURCE
Young Homes

ADDRESS (Business Address Acceptable)
10370 Trademark St, Rancho Cucamonga, CA 91730

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Developer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 28 / 11</u>	<u>\$ 75.00</u>	<u>Concert ticket</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

Comments: _____

SCHEDULE D
Income – Gifts

► NAME OF SOURCE
 Chino Valley Medical Center
 ADDRESS (Business Address Acceptable)
 5451 Walnut Ave., Chino, CA 91710
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Hospital

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 05 / 11	\$ 182.00	Baseball ticket
08 / 17 / 22	\$ 175.00	Baseball ticket
12 / 17 / 11	\$ 40.00	Banquet ticket

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Gary C. Ovitt

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE LAWA	
ADDRESS (Business Address Acceptable) 1 World Way	
CITY AND STATE Los Angeles, CA 90045	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
Airport	
DATE(S): 01 / 01 / 11 - 01 / 03 / 11 (If gift)	AMT: \$ 54.00
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input checked="" type="checkbox"/> Other - Provide Description	
Parking	

▶ NAME OF SOURCE LAWA	
ADDRESS (Business Address Acceptable) 1 World Way	
CITY AND STATE Los Angeles, CA 90045	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
Airport	
DATE(S): 12 / 29 / 11 - 12 / 31 / 11 (If gift)	AMT: \$ 54.00
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input checked="" type="checkbox"/> Other - Provide Description	
Parking	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): - AMT: \$	(If gift)
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): - AMT: \$	(If gift)
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description	

Comments: _____

Gary C. Ovitt
Filing – Multiple Positions

- | | |
|--|-------------------------|
| 1. County of San Bernardino | Board of Supervisors |
| 2. San Bernardino Transportation Authority | Board Member |
| 3. SCAG | Regional Council Member |
| 4. Inland Empire Health Plan | Board Member |
| 5. Omnitrans | Board Member |